

## APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT

IAN 0.4 2013

DEPARTMENT OF ECOLOGY EASTERN REGIONAL OFFICE

For filing with the Department of Ecology or with County Conservancy Boards

## A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply.)  ☐ Change purpose(s) of use ☐ Add purpose(s) of use ☐ Change point(s) of diversion/withdrawal ☐ Add point(s) of diversion/withdrawal ☐ Change/transfer place of use ☐ Other (i.e. consolidation, intertie, trust water)  Explain:  **IF MORE SPACE IS NEEDED, ATTACH ADD	FE CH	HANGE No. CG3-*CCATE ACCEPTED DIA  RECE \$ 111.11 RECEDED RECED	□ Not exempt		
1. Applicant Information:					
APPLICANT/BUSINESS NAME	1 1 1 1 1 1 1 1 1 1 1 1 1	PHONE NO.	FAX NO.		
LOS OIDOS VINEYARDS LLC					
ADDRESS					
1348 E 3 <sup>rd</sup> Avenue					
CITY		STATE	ZIP CODE		
Salt Lake City		Utah	84103		
CONTACT NAME (IF DIFFERENT FROM ABOVE)		PHONE NO.	FAX NO.		
Clough Shelton		(801) 28-4123			
ADDRESS					
1348 E Third Avenue			14777744		
CITY		STATE	ZIP CODE		
Salt Lake City,		Utah	84103		
2. Water Right Information:  WATER RIGHT OR CLAIM NUMBER	RECORDED N	IAME(S)			
Ground Water Cert. No. 394-A		nce G. Frazier			
DO YOU OWN THE RIGHT TO BE CHANGED? ☐ YES ☐ NO		J. 1 102101			
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:					
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST	FIVE (5) YEARS?	☑ YES □ NO			
Please attach copies of any documentation that de was established. Also, if you have a water system application.					
	FICE USE ONL ERT. NO. 39	4 CERT. OF CHA	NGE NO		

## 3. Point(s) of Diversion/Withdrawal: A. Existing SOURCE NO. 1/4 SEC. TWP RGF WELL TAG # PARCEL# A well (basalt aquifer) W1/2 nw 10 6 36 **B. Proposed** SOURCE NO. SEC. TWP RGE. PARCEL# **WELL TAG#** A well (basalt aquifer) SW SW 2 6 36 360604410005 A well (basalt aquifer) 3 E1/2 SE 4 6 36 360604410005 DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL? EXISTING: X YES NO PROPOSED: YES NO - IF NO, PROVIDE OWNER(S) NAME: Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment. 4. Purpose of Use: No Change Proposed A. Existing PURPOSE OF USE **GPM or CFS** ACRE-FT/YR PERIOD OF USE 1000 Irrigation of 140 acres 560 Irrigation season B. Proposed **PURPOSE OF USE GPM or CFS** ACRE-FT/YR PERIOD OF USE No change proposed 5. Place of Use: No Change Proposed A. Existing LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED: See Cert. No. 394-A (attached) SEC TWP. RGE COUNTY PARCEL# # OF ACRES 1/4 1/4 360604410005 151.9 36E Walla Walla DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? X YES NO - IF NO, PROVIDE OWNER(S) NAME: B. Proposed LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED: No change proposed TWP COUNTY PARCEL# **# OF ACRES** SEC. RGE. DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? 🛛 YES 🔲 NO – IF NO, PROVIDE OWNER(S) NAME:

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

## ATTACHMENT FOR APPLICATION FOR CHANGE

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	oposed: PARCEL#	WELL TAG #
A well (basalt)	4	NE	NE	9	6	36E	36060441000 5	
) YOU OWN THE ABOVE POI	NT(S) OF DIV	/ERSION	I/WITHDI	RAWAL?	⊠ YES	□ NO -	IF NO, PROVIDE OWNER(S)	NAME:
urpose(s) of Use	- DE	xistir	ıg 🗌 🛚	Propos	sed:			
PURPOSE OF	USE		G	PM or CF	or CFS ACRE-FT/YR		PERIOD OF USE	
	7, 11-1, 12-							
							=27	
lace of Use -	Existing		ropos	_				
			EGAL D	ESCRIPT	ION OF LA	NDS		
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1/ 1/ 250	TAKE		25		COLINITY		DADOE! #	405.000
1/4 1/4 SEC.	TWP.	RO	GE.		COUNTY		PARCEL#	# OF ACRE

ne intent is to drill one additional well at one of the e option to possibly drill more than one additional	
irrently irrigated under Cert. No. 394-A.	well to facilitate irrigation of the 140 acres
FOR SEASONAL OR TEMPORARY, START DATE// END	DATE/_/
ertain applications may incur a Real Estate Excise Tax lia Revenue has requested notification of potential taxable with a copy of this request.	
ease contact the State Department of Revenue for further ne address is: Department of Revenue, Real Estate Exciso	1
Signatures:	
I certify that the information above is true and accurate order to process my application, I am hereby granting Conservancy Board access to the above site(s) for inspreparation of the above application, I understand the rests with me.	ng staff from the Department of Ecology or the Cour spection and monitoring purposes. If assisted in the hat all responsibility for the accuracy of the informa
(Applicant)	// //3 (Date)
(Water Right Holder)	hr 111/3 (Date)
Chy fl	11113
(Land Owner(s) of Existing Place of Use)	(Date)
IMPORTANT! APPLICATION FILING INFOR	RMATION IS PROVIDED ON THE NEXT PAGE.
WE ARE RETURNING YOUR APPLICATION FOR THE	FOLLOWING REASON(S):
☐ APPLICATION FEE NOT ENCLOSED ☐ MAP	NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECT	TION IS INCOMPLETE
OTHER/EXPLANATION:	